

D 1730
03

APPLICATION FOR UNITED STATES PATENT Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
1 Web function block in automation equipment.

described and claimed in the specification:

Check one *a. (X) attached hereto.

b. () filed on

as Application Serial No.

and amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed :

FRANCE

00 08567 filed on June 30th, 2000.

following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

None

there are no corresponding applications,
or "NONE".

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; and/or Charles A. Wendel, Reg. No. 24,453

**. CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO
PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805,
Telephone: (703) 739-0220.**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

5 Typewritten Full Name of
Sole or First Inventor

HARDY

Christian

Given Name

Middle Initial

Family Name

*4 Inventor's Signature

5 Date of Signature

05-16-2001

6 Residence

LE THORONET

FRANCE

City

State or Province

Country

7 Citizenship

French

8 Post Office Address
(Insert complete mailing
address, includ. country)

Quartier Peyrine - 83340 LE THORONET

FRANCE

* This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

** Note to the Inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE X

D 1730
US

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3 Typewritten Full Name of Second Joint Inventor (if any) VINCENT Christophe
Given Name Middle Initial Family Name

*4 Inventor's Signature 

5 Date of Signature 05-03-2001

6 Residence LA ROQUETTE-SUR-SIAGNE FRANCE
City State or Province Country

7 Citizenship French

8 Post Office Address 21, chemin du Ferragnon - 06550 LA ROQUETTE-SUR-SIAGNE
(Insert complete mailing address, includ. country) FRANCE

3 Typewritten Full Name of Third Joint Inventor (if any) STAWIKOWSKI Jean-Marie
Given Name Middle Initial Family Name

*4 Inventor's Signature → 

5 Date of Signature → 05-09-2001

6 Residence ANTIBES FRANCE
City State or Province Country

7 Citizenship French

8 Post Office Address 350, chemin de la Parouquine - 06600 ANTIBES
(Insert complete mailing address, includ. country) FRANCE

3 Typewritten Full Name of Fourth Joint Inventor (if any) ROUSSEAU Robert
Given Name Middle Initial Family Name

*4 Inventor's Signature → 

5 Date of Signature → Nov 16, 2001

6 Residence ANTIBES FRANCE
City State or Province Country

7 Citizenship French

8 Post Office Address N° 833E, Chemin des Combes - Eden Park "E" - 06600 ANTIBES
(Insert complete mailing address, includ. country) FRANCE

3 Typewritten Full Name of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

*4 Inventor's Signature → _____

5 Date of Signature → _____

6 Residence _____
City State or Province Country

7 Citizenship _____

8 Post Office Address _____
(Insert complete mailing address, includ. country) _____

* Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

** This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.